

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-034045
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 58 Primary Registration District No. 4089 Registrar's No. 16

FILED SEP 28 1962

VS 300
Rev. 4/59

10/80

20/802

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12 90-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Carter.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Carter.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Grandin.</u>		c. CITY OR TOWN <u>Grandin.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Suzannah</u> Last <u>Swigert.</u>		4. DATE OF DEATH Month <u>August</u> Day <u>22</u> Year <u>1962.</u>	
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 13, 1879.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	9. AGE (last birthday) <u>82.</u>
11a. FATHER'S NAME <u>John Snow.</u>		11b. MOTHER'S MAIDEN NAME <u>Dicy (unknown).</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		14. NAME OF HUSBAND OR WIFE <u>RK Swigert.</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 YEARS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERAL ARTERIOSCLEROSIS</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebro-vascular accident 1959</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>April 28, 1958</u> to <u>July 31, 1962</u> and last saw her alive on <u>July 31, 1962</u> Death occurred at <u>8:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Rudm Olemuckor</u> (Degree or title)		22b. ADDRESS <u>M. D. Poplar Bluff, Mo.</u>	22c. DATE SIGNED <u>9/7/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>AUG. 24, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRANDIN CEMETERY.</u>	23d. LOCATION (City, town, or county) (State) <u>GRANDIN, MISSOURI.</u>
24. FUNERAL DIRECTOR <u>Ray Meador</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 22-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Oeta Hanson</u>

2961 8 100
OCT 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Donipham, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.